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PTO/SB/05 (03-01)

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|--|------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.    | 500.41279X00   |
|  | First Inventor         | KOROYASU, KUNIHIKO   |
|  | Title                  | PLASMA PROCESSING APPARATUS, PROTECTING LAYER<br>THEREFOR AND INSTALLATION OF PROTECTING LAYER |
|  | Express Mail Label No. |  |

|   |  |
|---|--|
| <b>APPLICATION ELEMENTS</b><br><br>SEE MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
|---|--|

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages: **38**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Pages: **5**]
5. Oath or Declaration [Total Pages: **4**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

| ACCOMPANYING APPLICATION PARTS   |   |
|--|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))  |   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)  | <input checked="" type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |   |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449   | <input type="checkbox"/> Copies of IDS Citations      |
| 13. <input type="checkbox"/> Preliminary Amendment   |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)   |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)   |   |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.                |   |
| 17. <input checked="" type="checkbox"/> Other: <b>Figs. 1-2, 3a-b, 4-5, Credit Card Payment Form, Information Disclosure Sheet Under 37 CFR 1.56 w/refs.</b> |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |   |                           |                |  |                   |
|---|---|---------------------------|----------------|--|-------------------|
| 19. CORRESPONDENCE ADDRESS  |   |                           |                |  |                   |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 020457<br>(Insert Customer No. or Attach bar code label here) |                           |                | or <input type="checkbox"/> Correspondence address below |                   |
| Name: <b>ANTONELLI, TERRY, STOUT &amp; KRAUS, LLP</b>                 |   |                           |                |  |                   |
| Address:  |   |                           |                |  |                   |
| City  |   | State                     | Zip Code       |  |                   |
| Country   |   | Telephone                 | (703) 312-6600 | Fax  | (703) 312-6666    |
| Name  |   | William I. Solomon        |                | Registration No. (Attorney/Agent)                        | 28,565            |
| Signature   |   | <i>William I. Solomon</i> |                | Date   | February 27, 2002 |

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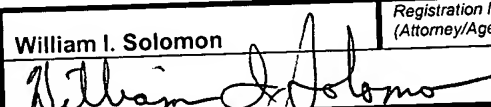
# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

|                                |  |                    |  |                          |                    |
|--------------------------------|--|--------------------|--|--------------------------|--------------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> |  | (\$) <b>948.00</b> |  | <b>Complete if Known</b> |                    |
|                                |  |                    |  | Application Number       |                    |
|                                |  |                    |  | Filing Date              | February 27, 2002  |
|                                |  |                    |  | First Named Inventor     | KOROYASU, KUNIHICO |
|                                |  |                    |  | Examiner Name            |                    |
|                                |  |                    |  | Group Art Unit           |                    |
|                                |  |                    |  | Attorney Docket No.      | 500.41279X00       |

| <b>METHOD OF PAYMENT</b>  |                       |                       |                       | <b>FEE CALCULATION (continued)</b>  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
|---|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------------|-----------------|----------|------------------------|--------|-----|-----|-------------------------------------|-----|-----------------------------------|----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|---------------------------|-----|--|-------|-----|-------|--|----|--|------|------------------------|------|---|--|-----|---------------|---|--------|---|--|--------------|--------------|----------------|----------|--|-----|------|-----|---------------------|-----|---|----------|--------------------|-----|-----|-----|--|--|-----|---------------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br>Deposit Account Number 01-2135<br>Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |                       |                       |                       | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examination action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40.00</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="6">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6"><b>SUBTOTAL (3) (\$) 40.00</b></td> </tr> </tbody> </table> |                       |                       |                       | Fee Code        | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 105                    | 130    | 205 | 65  | Surcharge - late filing fee or oath |     | 127                               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139                                   | 130 | 139 | 130 | Non-English specification |     | 147  | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112  | 920* | 112                    | 920* | Requesting publication of SIR prior to Examination action |  | 113 | 1,840*        | 113   | 1,840* | Requesting publication of SIR after Examiner action |  | 115          | 110          | 215            | 55       | Extension for reply within first month |     | 116  | 400 | 216                 | 200 | Extension for reply within second month |          | 117                | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440         | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | For each additional invention to be examined (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3) (\$) 40.00</b> |  |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 105   | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 127   | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 139   | 130                   | 139                   | 130                   | Non-English specification   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 147   | 2,520                 | 147                   | 2,520                 | For filing a request for <i>ex parte</i> reexamination  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 112   | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examination action   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 113   | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 115   | 110                   | 215                   | 55                    | Extension for reply within first month  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 116   | 400                   | 216                   | 200                   | Extension for reply within second month   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 117   | 920                   | 217                   | 460                   | Extension for reply within third month  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 118   | 1,440                 | 218                   | 720                   | Extension for reply within fourth month   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 128   | 1,960                 | 228                   | 980                   | Extension for reply within fifth month  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 119   | 320                   | 219                   | 160                   | Notice of Appeal  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 120   | 320                   | 220                   | 160                   | Filing a brief in support of an appeal  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 121   | 280                   | 221                   | 140                   | Request for oral hearing  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 138   | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 140   | 110                   | 240                   | 55                    | Petition to revive - unavoidable  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 141   | 1,280                 | 241                   | 640                   | Petition to revive - unintentional  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 142   | 1,280                 | 242                   | 640                   | Utility issue fee (or reissue)  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 143   | 460                   | 243                   | 230                   | Design issue fee  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 144   | 620                   | 244                   | 310                   | Plant issue fee   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 122   | 130                   | 122                   | 130                   | Petitions to the Commissioner   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 123   | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17(q)   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 126   | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 581   | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties)  | 40.00                 |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 146   | 740                   | 246                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(a))  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 149   | 740                   | 249                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 179   | 740                   | 279                   | 370                   | Request for Continued Examination (RCE)   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 169   | 900                   | 169                   | 900                   | Request for expedited examination of a design application   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Other fee (specify) _____   |                       |                       |                       |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                       |                       |                       |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$) 40.00</b>  |                       |                       |                       |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>2. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>740.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (1)</b></td> <td>740.00</td> </tr> </tbody> </table>   |                       |                       |                       | Large Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid              | 101                   | 740                   | 201             | 370      | Utility filing fee     | 740.00 | 106 | 330 | 206                                 | 165 | Design filing fee                 |    | 107 | 510 | 207  | 255 | Plant filing fee                      |     | 108 | 740 | 208                       | 370 | Reissue filing fee                                 |       | 114 | 160   | 214  | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b>    |      |   |  |     | 740.00        | <b>1. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>9 - 20**</td> <td>= 0</td> <td>x 18</td> <td>= 0</td> </tr> <tr> <td>Indep. Claims 5-3**</td> <td>= 2</td> <td>x 84</td> <td>= 168.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>280</td> <td>= 0</td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (2) \$</b></td> <td><b>168.00</b></td> </tr> </tbody> </table> |        |   |  | Total Claims | Extra Claims | Fee from below | Fee Paid | 9 - 20**                               | = 0 | x 18 | = 0 | Indep. Claims 5-3** | = 2 | x 84                                    | = 168.00 | Multiple Dependent |     | 280 | = 0 | <b>SUBTOTAL (2) \$</b>                 |  |     | <b>168.00</b> |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 101   | 740                   | 201                   | 370                   | Utility filing fee  | 740.00                |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 106   | 330                   | 206                   | 165                   | Design filing fee   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 107   | 510                   | 207                   | 255                   | Plant filing fee  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 108   | 740                   | 208                   | 370                   | Reissue filing fee  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 114   | 160                   | 214                   | 80                    | Provisional filing fee  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |                       |                       |                       |   | 740.00                |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below        | Fee Paid              |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 9 - 20**  | = 0                   | x 18                  | = 0                   |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Indep. Claims 5-3**   | = 2                   | x 84                  | = 168.00              |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Multiple Dependent  |                       | 280                   | = 0                   |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (2) \$</b>  |                       |                       | <b>168.00</b>         |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>2. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (2) \$</b></td> <td><b>168.00</b></td> </tr> </tbody> </table> |                       |                       |                       | Large Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid              | 103                   | 18                    | 203             | 9        | Claims in excess of 20 |        | 102 | 84  | 202                                 | 42  | Independent claims in excess of 3 |    | 104 | 280 | 204  | 140 | Multiple dependent claim, if not paid |     | 109 | 84  | 209                       | 42  | ** Reissue independent claims over original patent |       | 110 | 18    | 210  | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2) \$</b> |      |   |  |     | <b>168.00</b> | <b>1. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>9 - 20**</td> <td>= 0</td> <td>x 18</td> <td>= 0</td> </tr> <tr> <td>Indep. Claims 5-3**</td> <td>= 2</td> <td>x 84</td> <td>= 168.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>280</td> <td>= 0</td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (2) \$</b></td> <td><b>168.00</b></td> </tr> </tbody> </table> |        |   |  | Total Claims | Extra Claims | Fee from below | Fee Paid | 9 - 20**                               | = 0 | x 18 | = 0 | Indep. Claims 5-3** | = 2 | x 84                                    | = 168.00 | Multiple Dependent |     | 280 | = 0 | <b>SUBTOTAL (2) \$</b>                 |  |     | <b>168.00</b> |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 103   | 18                    | 203                   | 9                     | Claims in excess of 20  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 102   | 84                    | 202                   | 42                    | Independent claims in excess of 3   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 104   | 280                   | 204                   | 140                   | Multiple dependent claim, if not paid   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 109   | 84                    | 209                   | 42                    | ** Reissue independent claims over original patent  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 110   | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent  |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (2) \$</b>  |                       |                       |                       |   | <b>168.00</b>         |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below        | Fee Paid              |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| 9 - 20**  | = 0                   | x 18                  | = 0                   |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Indep. Claims 5-3**   | = 2                   | x 84                  | = 168.00              |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| Multiple Dependent  |                       | 280                   | = 0                   |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (2) \$</b>  |                       |                       | <b>168.00</b>         |   |                       |                       |                       |                 |                       |                       |                       |                 |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |                        |      |   |  |     |               |   |        |   |  |              |              |                |          |  |     |      |     |                     |     |   |          |                    |     |     |     |  |  |     |               |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above.

|                     |   |                                   |                   |
|---------------------|---|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |                   |
| Name (Print/Type)   | William I. Solomon  | Registration No. (Attorney/Agent) | 28,565            |
| Signature           |  | Telephone                         | 703-312-6600      |
|                     |   | Date                              | February 27, 2002 |

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